



The Examiner

Naval Hospital, Twentynine Palms

"Serving with Pride and Professionalism"

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Spot Light on...

Surgery aids patient and staff

By Dan Barber
Public Affairs Officer

A forty-two-year old Marine Master Sergeant was admitted to the hospital recently with a diagnosis of a spontaneous pneumothorax on the right side... in layman's terms a collapsed lung.

According to Lieutenant Commander Douglas Hatter, a staff surgeon with the Surgical Services Department and the patient's attending physician, the normal course of treatment is to insert a chest tube to inflate the lung and then remove the tube when the lung has sealed. In the case of Master Sergeant Paul Minor it wasn't that easy. "This patient had a more complicated situation where he had a large bullous lesion in the top of his lung that required surgery by a qualified thoracic surgeon," said LCDR Hatter.

The easy thing for LCDR Hatter to do would have been to pack up the Master Sergeant and send him to the Naval Medical Center in San Diego for his surgery and follow up care. However, according to Captain Steven Hart, Executive Officer of Naval Hospital Twentynine Palms, "If we feel that we can provide top quality care to the patient, we prefer to keep them near their family and support system, and in this case the patient and his family wanted to remain close to home. LCDR Hatter called San Diego and asked Commander James Maxwell, Head of Cardio Thoracic Surgery at Navy Medical Center, San Diego, if he could come to Twentynine Palms to help with the case. "Without a second thought, Dr. Maxwell was able to clear his schedule on short notice and made the three hour drive to come up and help us. We completed the surgery on the patient and everything went extremely well; the patient is now recovering at home with his family. We are very grateful for CDR Maxwell's assistance," said LCDR Hatter.



Hospital staff members and friends gathered on the Quarterdeck March 14 to bid a fond farewell to LCDR Colleen Fields who worked here as the Operating Room Nursing Division Officer.

"Everyone at the hospital treated my husband and myself very nice. Everyone was very professional in everything they did. Dr. Hatter did a wonderful job, I can't say enough about him," said Dorothy Minor, Master Sergeant Minor's wife. The patient echoed his wife in his praise of the hospital and its staff.

Naval Hospital Twentynine Palms has received assistance from the Naval Medical Center in San Diego in the past. "In April and June of last year we had a surgeon come up and teach us how to do Laproscopic Nissen Fundoplication surgery. That's a procedure where you wrap the top of the stomach around the lower part of the esophagus using scopes," said LCDR Hatter. "This procedure is done on people with very severe gastroesophageal reflux disease where the acids from the stomach go up into the esophagus," he added. Because of the training provided to the surgeons at Twentynine Palms, this procedure can now be done on a routine basis. "Since we received that training, we have done four of these procedures," said LCDR Hatter. Because this particular procedure is relatively new, the Naval Hospital is the only facility in the High Desert including Palm Springs that is currently performing this operation.

"Another procedure that we can now do, because of cooperation between hospitals in Region Nine, is a complicated neck surgery to correct what is called Zenker's Diverticulum. It is a problem where people have difficulty in swallowing because they have a pouch in the esophagus of the neck," said LCDR Hatter. When this case presented itself, it became a credentialing issue because LCDR Hatter had never seen or surgically managed this rare problem. When this case came up last November, LCDR Hatter called Camp Pendleton, at the recommendation of Captain Limjoco, Director of Surgical Services, and asked their head of surgery there, Dr. Harry Meyers, to come to Twentynine Palms to assist with the case. "This was another example of where the patient was able to stay close to family through Region Nine cooperation," said LCDR Hatter.

Another plus about being able to perform procedures locally is, "In any case where we don't have to transport the patient the command saves money, it's easier on the patient, and the patient's family and the staff gains some valuable training and experience on cases we may not always have the opportunity to see," said LCDR Hatter. "Also if the patient is a family member or retiree, and we can't perform the procedure here, we sometimes may end up sending them to civilian hospitals and some of those cases can become rather expensive for the patient. So it is important that we gain as much experience on different procedures as we can, not only to benefit the patient but for our professional lives," he added.

"The only stumbling block in taking on big cases is the lack of an Intensive Care Unit," said LCDR Hatter. "However, Naval Hospital Twentynine Palms is a great place for surgeons to be assigned after they finish their residency. Sometimes new surgeons are limited to going to a ship or an isolated duty station where they don't get much operative experience. Here, we get to operate and still have time to study for our boards which is very important to a newly trained surgeon," said LCDR Hatter.

The Hart of the Matter!

Administrative separation for being overweight: What a Waste!

I recently attended an Administrative Processing Board being held on one of our sailors due to failure to comply with the Navy Fitness Program. He is a good sailor, a good leader, and a dedicated and admired worker--but he's no longer in the Navy. This is his loss and the Navy's loss.

As I sat through the Board, I kept thinking about what more the Navy/Command could have done to prevent this involuntary separation. Should we have been more lenient? Should we simply overlook him because he is a good sailor? Were we not clear enough about the consequences?

The Navy Fitness Program states that three failures (either physical testing or weight/bodyfat) at anytime in a 4 year period mandates processing for separation. No Command can simply ignore this order. A Command must apply this requirement to all or to none. And according to BUPERS none is not an option.

So what could we have done for this sailor? Well, I think there is something we should have done for him and others like him: We must be unambiguous, unequivocal, crystal clear, that the consequences of PRT failure (3 in 4 years) will be separation from the Naval Service.

Why do I seem to be taking a hard line? Because I think it is the only way we are going to save our people from being separated.

We all have the attitude "It won't happen to me." A command that is wishy-washy about enforcement of the Physical Fitness Program reinforces the "it won't happen to me attitude" and sets its people up for the unpleasant "surprise" of separation.



Capt. S.E. Hart

1. We must give page 13 entries after PRT failures and then closely track the individual's progress.

2. We must have a remedial fitness program and require attendance.

3. Supervisors must ensure that time is allowed for the member to attend remedial sessions.

4. We must deal with everyone equally.

5. We must ensure that everyone understands the requirements of the PRT program and understands the consequences of non-compliance.

I believe that in the end, taking a firm stand re the PRT program is the fairest and most humane way to treat our people. I don't want to see any more good sailors involuntarily separated as PRT failures. I think the best way to prevent such separation is to dispel the idea that "it can't happen to me." At this Command, if you fail the PRT 3 times in any 4 year period, you will be separated from the Navy. Don't let it happen. We don't want it to happen.

Watch out for that slick spot!

With our wet weather in the past few weeks, the Housekeeping Department received notification on several occasions about slippery floors throughout the hospital.

The cause of these slippery floors has been blamed on waxed floors, however the initial investigation revealed that only a certain section of the floors are slippery. There is not a pattern as to when, where or how (other than wetness and smooth surface shoe bottoms) in when the floors became slippery.

The floor wax the hospital Housekeeping staff uses is a professional metalist floor finish which meets ASTM D-2047 requirements for slip resistance.

Housekeeping stated that they have full confidence in the products and procedures they use in maintaining the hospital floors. If the methods used in waxing the floors was causing the slippery surfaces, then the entire area would be slippery, not just sections.

Housekeeping along with the help of Safety and floor finish technical representatives are conducting further investigations to keep everyone from slipping on the hospital's good looking floors.

For further information or to report problems call Jackie at extension 2041.

Future technology at work for the Ecology



If you have wondered what kind of construction is taking up the parking places in the back of the hospital, well wonder no more. It is part of a 24 million DoD research project to develop a new type of fuel cell power plant. It produces electricity and heat by combining hydrogen and oxygen in an electrochemical process. The fuel cell operates without burning fuel and with few moving parts, minimizing exhaust and noise emissions. The heat produced from our fuel cell will supply the hospital's galley.

The **EXAMINER** Newsletter is an authorized publication of the U. S. Naval Hospital, Twentynine Palms, CA 92278-8250. The views expressed in this publication are not necessarily those of the Department of the Navy.

Commanding Officer

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EDNA M. HARRISON

The **EXAMINER** welcomes your comments and suggestions concerning the newsletter. All comments should be forwarded to the Public Affairs Office by the 15th of each month. The Public Affairs Office telephone number is (619) 830-2362. The **EXAMINER** staff would like to thank all those who participated in this Edition.

Master Chief's Soap Box

Why Am I Here?

The count down continues, two more articles after this and I'm toast! Only three more opportunities to hopefully influence at least a few of you before my replacement arrives onboard. I've tried to utilize this forum each month to discuss issues and situations that you all will have to deal with if you choose to make the military your career. Whether or not I've been successful is obviously debatable. However I refuse to utilize this forum simply to restate established rules or regulations or to repeat articles written by someone else. So whether you like it or not for the next three months I will continue to write articles on subjects I feel are important to your growth and development as a Sailor and hopefully as an individual. In other words I'm going to continue to speak from the "Soap Box."

The title of this month's article is, "Why am I here?" My guess is each and everyone of you have found yourself in a situation or place at least once in your life that caused you to ask yourself, "Why am I here?" However in this case I am not referring to the "Big Picture," or the reason for our existence on this planet. What I am referring to is the reason why you are where you are today. When was the last time you took a reality check and reminded yourself "Why you are here?" A week, a month, a year? I'm afraid for most of you it probably has been some time!

Have I lost you yet? I sure hope not because I do feel very strongly about "Why I'm here?" And the flip-side of that is that all too often we, as individuals, forget why we are here. And when that happens it becomes all too easy to drift off-course and if we are not careful we will eventually fail in our responsibility to our Sailors and our responsibility to ourselves.

Before I lose you totally let me explain what I'm talking about using yours truly as the example. About six months after reporting onboard this command as the Command Master Chief I started to notice that I was beginning to drift, my motivation was down and I was starting to feel like I was just going through the motions. Well one Sunday during that period my lovely wife convinced me to go to church with her and what I heard that Sunday morning really had an impact.

First let me assure you this is not a sermon, nor am I a born again Christian. That particular Sunday Chaplain Joseph Matoush. (Since retired) was the guest minister at our church and his sermon dealt with the title of this article, "Why Am I here?" Chaplain Matoush in this case was referring to the congregation and to their reasons for attending church. His point I believe was that all too often we do things for so long that they become habit and because of that the real reason for our being there becomes clouded and sometimes forgotten.

Anyway, the next day on the way to work I thought about what he had said and realized that I may have lost track what the Command Master Chief's function was. So I started utilizing that statement, "Why am I here," each morning just before I got out of my truck to walk into work. Each morning I park my truck in my assigned place and just before getting out I remind myself "Why I am here." It allows me to refocus each morning and to remind me what is expected of me and what I expect of myself.

So, When was the last time you asked yourself, "Why am I here?" Trust me when I say it isn't that hard to drift off course. It



HMCM R.A. Lubitz

seems like we are always being overtaken by what we see as priorities and in doing so the primary reason for our being here can be overlooked or forgotten. So, what can you do? How about giving my method a try. It doesn't come with guarantees but I it's well worth your effort.

Hospital's Patient Contact Program for patients to express concerns, or problems

By Ensign M. J. Batschi

The Patient Contact Program is the means all beneficiaries of the Navy health care system have to express their concerns, problems or appreciation directly to those responsible for their care. The program is one way to provide the essential link between the person and the system.

The atmosphere in which patient care is given has a tremendous effect on the patient's perception of the quality of that care. Although the quality of medical care rendered to Navy beneficiaries is excellent, it may be perceived by the patient to be lacking as a result of poor interpersonal relations.

Navy healthcare professionals have long understood the need for good communication and rapport between the patient and the Medical Department staff. The atmosphere in which patient care is given has a tremendous effect on the patient's perception of the quality of that care. Although the quality of medical care rendered to Navy beneficiaries is excellent, it may be perceived by the patient to be lacking as a result of poor interpersonal relations. In order to ensure patient satisfaction, all personnel must present a courteous, positive, and knowledgeable attitude which reflects a genuine concern for the patient.

If you visit our hospital and feel you have not received the excellent care you have come to expect of Navy medicine, there are individuals who would like to talk with you before you leave the facility. They will do everything they can to ensure your satisfaction. In each area, or department, in the hospital there are staff members who have been assigned as **Area Patient Contact Representatives**. Many of these staff members have volunteered to assume this extra duty because they are genuinely concerned about your welfare. To help you identify these individuals there is a picture of them, along with their appointment letter, in every area of the hospital.

Next time we are fortunate to have you visit us, please stop and look up your **Area Patient Contact Representative**. Let them know how we did. If you ever have a suggestion about how we can be of better service stop in, or call, and discuss with them how we can improve.

Letters to the Editor...

Letter Policy:

In an effort to provide a forum for feedback the Examiner will now feature a Letters to the Editor section on a regular basis.

Letters will be published on a first come first served basis. They should be typewritten, with the writer's full name and the letters should be brief and to the point to allow maximum participation by others.

The editor reserves the right to edit letters for corrections and brevity. Letter writers should also refrain from making personal attacks. Letters addressing specific problems may be forwarded to the Patient Contact Representatives or other appropriate hospital staff members for action to resolve the problem.

Send or deliver your letter to the Public Affairs Office by the 15th of each month for the following month's newsletter. The Public Affairs Office is located in room J-014 on the bottom floor of the hospital. The mailing address is: Commanding Officer, Naval Hospital Public Affairs, Box 788250, MCAGCC, Twentynine Palms, CA 92278-8250. Fax: (619) 830-2348.

For more information, call Dan Barber at (619) 830-2362.

Special thanks

Dear Captain Chitwood,

By now you are probably convinced that we are a couple of letter-writing fools. We hope this is not the case and we apologize if we have increased your work load by creating additional paper work. We know that you are very busy.

We have been seen at Military Treatment Facilities during both active duty and retiree status for over 37 years and we feel that the Naval Hospital 29 Palms is one of the very best. One of us has been seen at almost every section of the hospital and have always been treated with respect, courtesy, and concern.

All personnel, civilian and military, who serve in the hospital seem to be happy and content. This says a lot for the hospital command. Respect, loyalty and professionalism roll down hill and create work-place contentment.

We sincerely believe that the 29 Palms Naval Hospital provides the finest medical care and we consider ourselves to be very fortunate that this fine medical facility with it's efficient, expert medical staff is available to us.

Respectfully,

Oliver J. Pollitt

Barbara N. Pollitt

Excellent care received

Commanding Officer,

My husband and I would like to thank your wonderful staff for the excellent care we (have) and are receiving at your outstanding medical facility. Hoping we have not omitted anyone, specific recognition goes to:

Dr. Hatter and staff

Dr. J. Petre and staff

Dr. Stadlander and staff

Dr. Limjoco and staff

Please extend our greatest appreciation to the above individuals.

Manuel & Fannie Gomez

Winning staff

Commanding Officer,

This letter is to tell you and to thank your "Winning" staff for the great care I have received since arriving at 29 Palms. Everyone has been so kind and helpful to me... they really have gone beyond, I am sure of what is required of them. I would like especially for the following individuals to be recognized for their professionalism and kindness:

Dr. Stadlander and Corpsmen/women

Dr. Ragan and Corpsmen/women

Dr. Limjoco and Corpsmen/women

Dr. Koskella and Corpsmen/women

LCDR J. Davidson, Nurse Anest.

Operating Room staff

Nursing Ward staff

Laboratory staff

Radiology staff

Pharmacy staff

I am grateful that this hospital still renders care to the retiree community. Again, please extend my warmest appreciation to your staff.

Mrs. Antoinette Hudson

Attitude

By Charles Swindol

The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than facts. It is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people think or say or do. It is more important than appearance, giftedness, or skill. It will make or break a company... a church... a home. The remarkable thing is, we have a choice, everyday, regarding the attitude we will embrace for that day. We cannot change the past, the way people act, or the inevitable. The only things we can do is play on the one thing we have, and that is our attitude. I am convinced that life is 10 percent what happens to me, and 90 percent how I react to it. And so it is with you; we are in charge of our attitudes.

Here's To Your Health!...

Chicken Pox (Varicella-Zoster Virus) "Spring Malady"

By Donna Templeton
Infection Control Nurse

Spring, what a "wonderful" time of the year! The sun is warming the desert floor causing flowers to bloom everywhere, and the butterflies are out in record numbers showing their brightest colors! It makes a person glad to be alive!...Oops....."not so", you say? "What is this awful itch I've got, and these red spots on my face?" Well, my friend, you have what's known as the "Spring Malady". Comes every year around this time and wrecks havoc on those who are not immune. It spreads like wild-fire if not kept in check and can cause severe complications in a few. The more informed you are about this illness, the less worrisome it will be.

Chicken Pox (Varicella) is a common, acute (rapid onset/short course), and highly contagious infection caused by the herpes virus varicella-zoster, the same virus that causes shingles (herpes zoster). It can occur at any age, but it's most common in 2 to 8-year-olds. The infection is transmitted by direct contact (primarily with respiratory secretions; less often, with skin lesions) and indirect contact (airwaves). The incubation period lasts from 13 to 17 days. Chicken pox is probably communicable from 1 day before lesions erupt to 6 days after vesicles (blisterlike elevation on skin) form. It's most contagious in the early stages of eruption of skin lesions.

This infection occurs worldwide and is endemic (occurs continuously) in large cities. Outbreaks occur sporadically, usually in areas with large groups of susceptible children. It affects all races and both sexes equally. Seasonal distribution varies, but incidence appears to be higher during the spring. Most children recover completely. Potentially fatal complications are rare, but do exist.

Chicken pox produces distinctive signs and symptoms, notably an itchy rash. During the early stages of the illness, there may be a slight fever, malaise, and loss of appetite. Within 24 hours, the rash typically begins as crops of small, red spots on the trunk or scalp that produce to red elevated spots with clear fluid inside (vesicles). These vesicles become cloudy and break easily forming scabs. The rash spreads to the face and, occasionally, to the arms and legs. New vesicles continue to appear for 3 to 4 days, so the rash contains a combination of red spots, vesicles, and scabs in various stages. Occasionally, chicken pox also produces shallow ulcers on areas such as the mouth, eyes, and genitalia. Severe itching may cause persistent scratching which, in turn, may cause infection or scarring. Rare complications might include pneumonia, encephalitis, and bleeding disorders, as well as numerous others problems.

Chicken pox calls for strict isolation until all the vesicles and most of the scabs disappear (usually for 1 week after the onset of the rash). Children can go back to school if just a few scabs remain, since at this stage, chicken pox is no longer contagious. Generally, treatment consists of an agent that prevents or relieves itching, such as cool bicarbonate of soda baths, calamine lotion, or an antihistamine. Antibiotics are unnecessary unless bacterial infection develops. **DO NOT GIVE ASPIRIN BECAUSE OF IT'S LINK WITH REYE'S SYNDROME!** Do not scratch the lesions, as this may lead to a serious infection. Instead, use liberal amounts of an itch-reducing agent. Keep finger nails short and hands clean. **GOOD HYGIENE IS ESSENTIAL TO PREVENTING A FULL-BLOWN INFECTION!** Severe skin pain and burning may indicate a serious

secondary infection and requires prompt medical attention. To help prevent chicken pox, don't expose well children or non-immune adults to those already infected.

There is good news about this "Spring Malady" for all those non-immune folks out there! A vaccine is in the works as we speak and will be available in the very near future. Researchers are claiming a 90% success rate with this new vaccine, and virtually no adverse side affects. So, hang in there spring "buffs", you may get to enjoy the season after all!

NAVOSH NOTES...

What are the purposes of effective Safety Inspections?

By J. Haas
Safety Manager

Why should you do audits and inspections?
Here are a number of objectives:

- To spotlight unsafe conditions and equipment.
- To focus on unsafe work practices or behavior.
- To reveal the need for new safeguards.
- To involve many more employees in the safety program.
- To help sell the safety program within the organization thereby enabling:
 - Re-evaluate the safety standards of the organization;
 - Compare safety results against the safety plans;
 - Gauge the relative success of training efforts; and
 - Anticipate problems in advance of any other higher level inspections.

When will the Safety Inspections end?

Safety is a continuous improvement process. The inspections are designed for identifying and for providing recommendations and suggestions for improvements in the environment of care and work.

Why is it necessary to conduct Self Inspections?

A systematic evaluation (self inspections) of safety and health situations conducted daily is an important facet in accident and illness prevention. Who better knows the work area than the employees performing work there. Don't wait for accidents to happen. These self inspections lead to discovery of conditions or corrective actions can be initiated immediately at the department level.

Who is responsible for Safety?

Not one individual, but all individuals are responsible. It takes the entire team for success!

Education and Training...

Weapons Familiarization for Medical Department staff

Have you ever wondered what the Marines and Corpsmen do in the field, why bullet injuries vary so much, or why heat stress/exhaustion occurs?

On March 4, 1st TANKS Battalion provided a unique experience for Medical Department personnel. We experienced first hand, the fire power of grenade launchers, M-9 pistols, M-16's, M-249 SAW and M-60 machine guns. The instructors were impressed because we hit the targets! We also climbed on, in and out of Hum Vees, M-88 (wrecker for tanks), saw the inside of a "Cracker Box" and rode in the M1-A1 Tank.

The Cracker box is used to transport individuals from field areas to the BAS (Battalion Aid Station) or hospital. They are not ambulances, they do not have oxygen, but they do have an air purification system for NBC circumstances. The M1-A1 Tank ride was the highlight. As Ensign Ellington said, "That was better than any ride at Universal Studios!" Lieutenant Commander Longenecker enjoyed it so much that she had two tank rides, to the envy of the other participants.

All in all, this was a fantastic experience! The members of 1st Tank Battalion enthusiastically shared their knowledge of the fire power safety regulations for each weapon and vehicle. Their courtesy and pride in the battalion throughout the whole exercise was outstanding. If you want to know more about this exercise talk to Captain Koskella, Commander Knutson, Lieutenant Commander Longenecker, Lieutenant Campbell or Ensign Ellington.

ASVAB Learning Center

Do you want to apply to a "C" school, but your ASVAB scores are too low?

Last year, six individuals participated in the ASVAB Learning Center and raised their AFQT scores from 8 to 33 points.

Submit your request to Education and Training now for the next ASVAB Learning Center. The Center will start on Tuesday, April 25, and run from 1800-2200, every Tuesday and Thursday evening for six weeks. A pre-test will be given 21 April to help determine priorities for study.

At the completion of the program you will be given a documentation that will allow you to retake the ASVAB. The ASVAB retest will be given on base 1-2 weeks after the course.

If you have further questions, contact Education and Training at 2398.



Free Classifieds coming to the Examiner in May!

Free classified ads will be offered to hospital staff members starting in the May issue of the *Examiner*. This advertising section will be titled "Swap Shop".

The deadline for submitting Swap Shop ads is the 15th of the month for the following month's newsletter.

Swap Shop ad forms may be obtained from the hospital's Public Affairs Office.

Because of space constraints, ads will be accepted only from hospital staff members, both military and civilian. Ads are free of charge and will appear one time only unless resubmitted (a copy of the original is acceptable, however the PAO will not maintain a file of filled out forms after the ad has run). Ads will be published on a first come first served basis.

Swap Shop may be used only for noncommercial classified ads containing items of personal property offered by and for individuals authorized to use this service. Such ads must represent incidental exchanges not of a sustained business nature.

The only exception to this rule is for the sale or rental of a home, but only if the property is being offered to hospital staff members by another hospital staff member who is the owner of the property.

The appearance of advertising in the *Examiner* does not constitute endorsement or recommendation of the advertised item by this hospital, the United State Navy or the Department of Defense.



A little girl in the photo on the left seemed to enjoy the hospital's Women Only Health Fair recently held at the Marine Corps Exchange Mall, while other participants above obtained some valuable health information. The Naval Hospital Twentynine Palms Health Promotions Committee sponsored this event.

The Hospital MWR/Recreation Committee important to staff

By HM2 F. Kasper

Most of us are familiar with MWR, they're the ones who provide us with clubs, restaurants, gyms and various other places that contribute to the quality of life on board any military installation.

The command MWR/Hospital Recreation Committee shouldn't be confused with the base MWR mentioned above, for they are in fact, two separate organizations.

So what is the command MWR/Hospital Recreation Committee and what does it do? The command MWR/Hospital Recreation Committee is a committee governed by OPNAV instruction, with its primary goal being that of contributing to the morale of the command through various events and command functions.

...I have seen tremendous changes within the command, in personnel strength, and the demand to support morale and recreational oriented activities...

Unlike other committees such as the Navy Birthday and the Hospital Corps Birthday, the MWR/Hospital Recreation Committee achieves the goal of providing staff members with programs on a year round basis through fundraising efforts by the committee members. In addition to events such as the annual Christmas Party, the Hospital Recreation Committee provides command plaques for half price to detaching enlisted and civilian staff, matter portraits of the hospital, command ball-caps, and much more.

As Chairman of the MWR/Hospital Recreation Committee for the past three years, I have seen tremendous changes within the command, in personnel strength, and the demand to support morale and recreational oriented activities. Needless to say, it is becoming increasingly more challenging for the members of the committee to stay on top of things, specifically in the area of fundraising.

...I guess what is all boils down to is this: If the members of this command don't show more interest in supporting this committee, there may not be a committee left to support...

One reason for this is because of the fluctuation in attendance of the monthly meetings of the committee. As stated in command policy, one representative from each department is required to attend the meetings, however, the only problem with that is how do you make attendance mandatory for a volunteer committee? To be quite honest, I'm still working on that one.

I guess what is all boils down to is this: If the members of this command don't show more interest in supporting this committee, there may not be a committee left to support. At the very least, there won't be command events such as the annual Christmas party because of a lack of funds.

...We need the assistance of each and every staff member if we want this committee to work...

The committee officers are dedicated to continue working as hard as possible, but I'm afraid that they can't do it alone. We need the assistance of each and every staff member if we want this committee to work. We need your ideas, your support in fundraising, and most importantly, we need to attend our meetings. That doesn't mean that you attend one meeting every six months and then claim to be on the committee for evaluation purposes, we need dedicated individuals who are willing to put forth a little effort and time. After all, it's for a very worth-while cause. The meetings are held the third Wednesday of each month at 1300 in class room III. If you are interested in being a committee member, would like more information, or if you have an idea and would like to help us, please contact HMCM Lubitz at ext. 2424 or HM2 Kasper at ext. 2311. Together we can make this work!

Farewell...



In a recent ceremony, friends, co-workers and hospital staff members gathered on the Quarterdeck to bid a fond farewell to Lieutenant Commanders Dennis and Ofelia Jepsen, who moved on to San Diego on PCS.

Naval Hospital Hard Chargers...



HN Teresa Fullingim of Military Sick Call recently signed on for another tour with the Navy.



HN Erick Cole of Military Sick Call receives a Letter of Appreciation Letter from Captain C.S. Chitwood, Commanding Officer, Naval Hospital Twentynine Palms.



HM1 Eric Ewing of Military Sick Call receives a Letter of Appreciation from Captain C.S. Chitwood, Commanding Officer, Naval Hospital Twentynine Palms.



HM3 John Coates of Military Sick Call receives a Letter of Commendation from Captain C.S. Chitwood, Commanding Officer Naval Hospital Twentynine Palms.



HM2 Leah Orchard of Military Sick Call receives a Letter of Appreciation from Captain C.S. Chitwood, Commanding Officer, Naval Hospital Twentynine Palms.